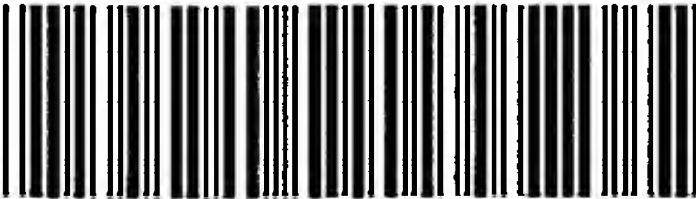


|   |                         |   |  |
|---|-------------------------|---|--|
| <div>Index of Claims</div> <div></div> | Application/Control No. | Applicant(s)/Patent under Reexamination |  |
|   | 10/605,173              | ANDREASYAN, ASHOT                       |  |
|   | Examiner                | Art Unit                                |  |
|   | LEYNNA T. HA            | 2135                                    |  |

|   |          |
|---|----------|
| √ | Rejected |
| = | Allowed  |

|   |                                |
|---|--------------------------------|
| — | (Through numeral)<br>Cancelled |
| ÷ | Restricted                     |

|   |              |
|---|--------------|
| N | Non-Elected  |
| I | Interference |

|   |          |
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| A | Appeal   |
| O | Objected |

| Claim |          | Date    |  |  |  |  |  |  |  |  |  |
|-------|----------|---------|--|--|--|--|--|--|--|--|--|
| Final | Original | 9/27/06 |  |  |  |  |  |  |  |  |  |
|       | 1        | √       |  |  |  |  |  |  |  |  |  |
|       | 2        | √       |  |  |  |  |  |  |  |  |  |
|       | 3        | √       |  |  |  |  |  |  |  |  |  |
|       | 4        | √       |  |  |  |  |  |  |  |  |  |
|       | 5        | √       |  |  |  |  |  |  |  |  |  |
|       | 6        | √       |  |  |  |  |  |  |  |  |  |
|       | 7        | √       |  |  |  |  |  |  |  |  |  |
|       | 8        | √       |  |  |  |  |  |  |  |  |  |
|       | 9        | √       |  |  |  |  |  |  |  |  |  |
|       | 10       | √       |  |  |  |  |  |  |  |  |  |
|       | 11       | √       |  |  |  |  |  |  |  |  |  |
|       | 12       | √       |  |  |  |  |  |  |  |  |  |
|       | 13       | √       |  |  |  |  |  |  |  |  |  |
|       | 14       | √       |  |  |  |  |  |  |  |  |  |
|       | 15       | √       |  |  |  |  |  |  |  |  |  |
|       | 16       | √       |  |  |  |  |  |  |  |  |  |
|       | 17       | √       |  |  |  |  |  |  |  |  |  |
|       | 18       | √       |  |  |  |  |  |  |  |  |  |
|       | 19       | √       |  |  |  |  |  |  |  |  |  |
|       | 20       | √       |  |  |  |  |  |  |  |  |  |
|       | 21       | √       |  |  |  |  |  |  |  |  |  |
|       | 22       | √       |  |  |  |  |  |  |  |  |  |
|       | 23       | √       |  |  |  |  |  |  |  |  |  |
|       | 24       | √       |  |  |  |  |  |  |  |  |  |
|       | 25       | √       |  |  |  |  |  |  |  |  |  |
|       | 26       | √       |  |  |  |  |  |  |  |  |  |
|       | 27       | √       |  |  |  |  |  |  |  |  |  |
|       | 28       | √       |  |  |  |  |  |  |  |  |  |
|       | 29       | √       |  |  |  |  |  |  |  |  |  |
|       | 30       | √       |  |  |  |  |  |  |  |  |  |
|       | 31       | √       |  |  |  |  |  |  |  |  |  |
|       | 32       | √       |  |  |  |  |  |  |  |  |  |
|       | 33       |         |  |  |  |  |  |  |  |  |  |
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|       | 37       |         |  |  |  |  |  |  |  |  |  |
|       | 38       |         |  |  |  |  |  |  |  |  |  |
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|       | 40       |         |  |  |  |  |  |  |  |  |  |
|       | 41       |         |  |  |  |  |  |  |  |  |  |
|       | 42       |         |  |  |  |  |  |  |  |  |  |
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|       | 44       |         |  |  |  |  |  |  |  |  |  |
|       | 45       |         |  |  |  |  |  |  |  |  |  |
|       | 46       |         |  |  |  |  |  |  |  |  |  |
|       | 47       |         |  |  |  |  |  |  |  |  |  |
|       | 48       |         |  |  |  |  |  |  |  |  |  |
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| Claim |          | Date |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |
|       | 51       |      |  |  |  |  |  |  |  |  |  |
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|       | 67       |      |  |  |  |  |  |  |  |  |  |
|       | 68       |      |  |  |  |  |  |  |  |  |  |
|       | 69       |      |  |  |  |  |  |  |  |  |  |
|       | 70       |      |  |  |  |  |  |  |  |  |  |
|       | 71       |      |  |  |  |  |  |  |  |  |  |
|       | 72       |      |  |  |  |  |  |  |  |  |  |
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|       | 76       |      |  |  |  |  |  |  |  |  |  |
|       | 77       |      |  |  |  |  |  |  |  |  |  |
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|       | 79       |      |  |  |  |  |  |  |  |  |  |
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|       | 81       |      |  |  |  |  |  |  |  |  |  |
|       | 82       |      |  |  |  |  |  |  |  |  |  |
|       | 83       |      |  |  |  |  |  |  |  |  |  |
|       | 84       |      |  |  |  |  |  |  |  |  |  |
|       | 85       |      |  |  |  |  |  |  |  |  |  |
|       | 86       |      |  |  |  |  |  |  |  |  |  |
|       | 87       |      |  |  |  |  |  |  |  |  |  |
|       | 88       |      |  |  |  |  |  |  |  |  |  |
|       | 89       |      |  |  |  |  |  |  |  |  |  |
|       | 90       |      |  |  |  |  |  |  |  |  |  |
|       | 91       |      |  |  |  |  |  |  |  |  |  |
|       | 92       |      |  |  |  |  |  |  |  |  |  |
|       | 93       |      |  |  |  |  |  |  |  |  |  |
|       | 94       |      |  |  |  |  |  |  |  |  |  |
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|       | 96       |      |  |  |  |  |  |  |  |  |  |
|       | 97       |      |  |  |  |  |  |  |  |  |  |
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| Claim |          | Date |  |  |  |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |  |  |  |
|       | 101      |      |  |  |  |  |  |  |  |  |  |
|       | 102      |      |  |  |  |  |  |  |  |  |  |
|       | 103      |      |  |  |  |  |  |  |  |  |  |
|       | 104      |      |  |  |  |  |  |  |  |  |  |
|       | 105      |      |  |  |  |  |  |  |  |  |  |
|       | 106      |      |  |  |  |  |  |  |  |  |  |
|       | 107      |      |  |  |  |  |  |  |  |  |  |
|       | 108      |      |  |  |  |  |  |  |  |  |  |
|       | 109      |      |  |  |  |  |  |  |  |  |  |
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|       | 111      |      |  |  |  |  |  |  |  |  |  |
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|       | 127      |      |  |  |  |  |  |  |  |  |  |
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|       | 129      |      |  |  |  |  |  |  |  |  |  |
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|       | 131      |      |  |  |  |  |  |  |  |  |  |
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|       | 136      |      |  |  |  |  |  |  |  |  |  |
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|       | 138      |      |  |  |  |  |  |  |  |  |  |
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|       | 140      |      |  |  |  |  |  |  |  |  |  |
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